

# Anxiety Disorder Fact Sheet



Minnesota Association for  
Children's Mental Health

165 Western Avenue North, Suite 2  
Saint Paul, MN 55102-4613

## Symptoms/Behaviors

- Frequent absences
- Refusal to join in social activities
- Isolating behavior
- Many physical complaints
- Excessive worry about homework or grades
- Falling grades
- Frequent bouts of tears
- Low frustration tolerance
- Irritable
- Dizzy
- Shortness of breath
- Fear of new situations
- Drug or alcohol abuse
- Unrealistic, obsessive fears
- Tension about everyday life events

**Resources:** See [macmh.org/edguidelink](http://macmh.org/edguidelink) for more anxiety disorder specific resources.

## About the Disorder

All children/youth feel anxious at times. Many young people worry about their academic performance, sporting activities, or even about what they're going to wear. Some very young children are frightened of strangers, thunderstorms, or the dark. These are normal and usually short-lived anxieties. But some children/youth suffer from anxieties severe enough to interfere with the daily activities of childhood or adolescence.

Excessive fear and anxiety are characteristics shared by all anxiety disorders. Fear is the emotional reaction to an actual threat; however, the fear experienced by a person with an anxiety disorder is related to an expected or impending threat. These fears and anxieties are also out of proportion to the perceived threatening situation.

Anxious students may lose friends and be left out of social activities. They commonly experience academic failure and low self-esteem. Because many young people with this disorder are quiet and compliant, the signs are often missed. Teachers and parents should be aware of the signs of anxiety disorders so that treatment can begin early—preventing academic, social, and vocational failure.

Anxiety disorders are among the most common mental health disorders of childhood and adolescence and are twice as likely to be experienced by females than males. The National Institute of Mental Health (NIMH) reports that approximately 8 percent of teens ages 13-18 have an anxiety disorder. About 50 percent of children and adolescents with an anxiety disorder also have a second anxiety disorder or other mental disorder such as depression.

It is not known whether anxiety disorders are caused by biology, environment, or both. Studies do, however, suggest that young people are more likely to have an anxiety disorder if their parents have anxiety disorders.

The most common anxiety disorders affecting children and adolescents are:

### Generalized Anxiety Disorder

Students experience extreme, unrealistic worry related to upcoming events. They are often self-conscious, tense, irritable, easily tired, and have a very strong need for reassurance. They may have difficulty concentrating, sleeping, and suffer from aches and pains that appear to have no physical basis.

### Specific Phobia

Students have excessive, immediate fears about a specific object or situation. Specific phobias center on animals, storms, water, or situations such as being in an enclosed space. Most individuals with a specific phobia, fear more than one object or situation. Because students with phobias will try to avoid the objects and situations they fear, the disorder can greatly restrict their lives.

### Separation Anxiety Disorder

Separation from a parent or major attachment figure causes recurrent, developmentally inappropriate, excessive fear and anxiety. The fear of

separation may result in a student refusing to leave home or go to school. They may experience frequent nightmares, physical complaints, and a fear of being alone.

### **Social Anxiety Disorder (Social phobia)**

Students have significant fear or anxiety of situations where they are being watched, criticized, or judged harshly by others. They will attempt to avoid the social situations they fear. This fear can be so debilitating that it may keep students from going to school.

### **Panic Disorder (Panic Attacks)**

Panic attacks are periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. The attacks are a repeated experience that can be expected or unexpected. Unexpected panic attacks seem to come out of the blue—they don't have a clear reason or trigger. Expected panic attacks have an apparent cue or trigger, such as an attack occurring in a similar situation. Students with a panic disorder will go to great lengths to avoid a panic attack. This may mean refusal to attend school or be separated from parents.

## **Educational Implications**

Because students with anxiety disorders are easily frustrated, they may have difficulty completing their work. They may worry so much about getting everything right that they take much longer to finish than other students. Or they may simply refuse to begin out of fear that they won't be able to complete it correctly. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which leads to more absences. Furthermore, students are not likely to report anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.

## **Instructional Strategies and Classroom Accommodations**

- Allow students a flexible deadline for worrisome assignments.
- Have the student check with the teacher or have the teacher check with the student to ensure that assignments have been written down correctly. Many teachers will choose to initial an assignment notebook to indicate that information is correct.
- Consider modifying or adapting the curriculum to better suit the student's learning style—this may lessen a student's anxiety.
- Post the daily schedule where it can be seen easily so students know what to expect.
- Encourage follow-through on assignments or tasks, yet be flexible on deadlines.
- Reduce school work load when necessary.
- Reduce homework when possible.
- Keep as much of the student's regular schedule as possible.
- Encourage school attendance—to prevent absences, modify the student's class schedule or reduce the time spent at school.
- Introduce secondary students to new teachers each quarter.
- Maintain regular communication with parents when students remain at home.
- Ask parents what works at home.
- Consider the use of technology. Many students will benefit from easy access to appropriate technology, which may include applications that can engage student interest and increase motivation (e.g., computer-assisted instruction programs, YouTube or webinar demonstrations, videotape presentations).

*For additional suggestions on classroom strategies and modifications, see *An Educator's Guide to Children's Mental Health* chapter on Meeting the Needs of All Students.*